

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 4-61			
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:			
Contract Number EP-W-10-002		Contract Period 11/19/2009 To 09/19/2014 Base Option Period Number 4		Title of Work Assignment/SF Site Name Region 9 RCRA/PCB LEAN Event					
Contractor INDUSTRIAL ECONOMICS, INCORPORATED				Specify Section and paragraph of Contract SOW Element 4, Page 13					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance From 09/20/2013 To 03/31/2014			
Comments: The purpose of this action is to initiate Work Assignment (WA) 4-61, which continues but does not duplicate work previously performed under WA 3-61. The contractor shall submit a work plan and budget estimate in accordance with the contract.									
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund									
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.									
SFO <input type="checkbox"/> (Max 2)									
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars) (Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1									
2									
3									
4									
5									
Authorized Work Assignment Ceiling									
Contract Period: Cost/Fee: LOE: 11/19/2009 To 09/19/2014									
This Action:									
Total:									
Work Plan / Cost Estimate Approvals									
Contractor WP Dated: Cost/Fee: LOE:									
Cumulative Approved: Cost/Fee: LOE:									
Work Assignment Manager Name Mitch Kaplan <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number 415-972-3359 FAX Number:			
Project Officer Name Cheryl R. Brown <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: 202-566-0940 FAX Number:			
Other Agency Official Name <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: FAX Number:			
Contracting Official Name Stefan Martiyan <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: 202-564-1987 FAX Number:			